Revision: HCFA-PM-91-4 AUGUST 1991 (BPD)

ATTACHMENT 2.2-A

Page 2

OMB NO.: 0938-

т,

State: IDAHO

Agency* Citation(s)

Groups Covered

- A. <u>Mandatory Coverage Categorically Needy and Other Required Special Groups</u> (Continued)
 - 2. Deemed Recipients of AFDC.
- XIX 1902(a)(10)(A)(i)(I) of the Act
- b. Effective October 1, 1990, participants in an optional work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.
- XIX 402(a)(22)(A) of the Act
- c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.
- XIX 406(h) and 1902(a)(10)(A) (i)(I) of the Act
- d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

XIX 1902(a) of the Act e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

*Agency that determines eligibility for coverage.

TN No. 9/-/9 Approval Date 1/2/192
Supersedes

Effective Date

_

TN NO. 91-12 HCFA ID: 7983E

Revision: HCFA-PM-91-4

August 1991

ATTACHMENT 2.2-A

Page 2a

OMB NO.: 0938-

	State: _	IDAHO	
Agency*	Citation(s)	Groups Covered	

A. <u>Mandatory Coverage - - Categorically Needy and Other</u> <u>Required Special Groups</u> (Continued)

407(b),1902 (a)(10)(A)(i) and 1905(m)(1) of the Act 3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

- Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.
- XIX 1902(a)(52) and 1925 of the Act
- 4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

*Agency that determines eligibility for coverage.

TN	No.	93	-16			11 10 C1)
Sup	erse	edes,	10	Approval	Date	11-18-93
TN	No.	41	_[]			

Effective Date 7 - 1 - 93

HCFA ID: 7983E

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 42 CFR 435.113 5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are: a. Families denied AFDC solely because of income a resources deemed to be available from (1) Stepparents who are not legally liable for support of stepchildren under a State law general applicability; (2) Grandparents; (3) Legal guardians; and (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent); b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit. c. Families denied AFDC because the family transferred a resource without receiving adequations.	Revision:	HCFA-PM-91- AUGUST 1991 State:		(BPD)		ATTACHMENT 2.2-A Page 3 OMB NO.: 0938-
Required Special Groups (Continued) 42 CFR 435.113 5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are: a. Families denied AFDC solely because of income a resources deemed to be available from (1) Stepparents who are not legally liable fo support of stepchildren under a State law general applicability; (2) Grandparents; (3) Legal guardians; and (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent); b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit. c. Families denied AFDC because the family transferred a resource without receiving adequations.	Agency*	Citation(s)			Groups Cove	ered
because of eligibility requirements that are specifically prohibited under Medicaid. Included are: a. Families denied AFDC solely because of income a resources deemed to be available from (1) Stepparents who are not legally liable fo support of stepchildren under a State law general applicability; (2) Grandparents; (3) Legal guardians; and (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent); b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit. c. Families denied AFDC because the family transferred a resource without receiving adequa		Α.	Mandai Requi	cory Cored Spe	overage - Categorica ecial Groups (Contin	lly Needy and Other
resources deemed to be available from- (1) Stepparents who are not legally liable fo support of stepchildren under a State law general applicability; (2) Grandparents; (3) Legal guardians; and (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent); b. Families denied AFDC solely because of the involuntary inclusion of siblings who have incommon and resources of their own in the filing unit. c. Families denied AFDC because the family transferred a resource without receiving adequations.	42 CFR 435	5.113	bed spe	cause o	of eligibility regui	rements that are
support of stepchildren under a State law general applicability; (2) Grandparents; (3) Legal guardians; and (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent); b. Families denied AFDC solely because of the involuntary inclusion of siblings who have incommon and resources of their own in the filing unit. c. Families denied AFDC because the family transferred a resource without receiving adequations.			a.	Famil: resour	ies denied AFDC sole rces deemed to be av	ely because of income and ailable from
 (3) Legal guardians; and (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent); b. Families denied AFDC solely because of the involuntary inclusion of siblings who have incommon and resources of their own in the filing unit. c. Families denied AFDC because the family transferred a resource without receiving adequate 				(1)	support of stepchil	dren under a State law
 (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent); b. Families denied AFDC solely because of the involuntary inclusion of siblings who have incommon and resources of their own in the filing unit. c. Families denied AFDC because the family transferred a resource without receiving adequate 				(2)	Grandparents;	
spouses of the individual or the individual's parent); b. Families denied AFDC solely because of the involuntary inclusion of siblings who have incommon and resources of their own in the filing unit. c. Families denied AFDC because the family transferred a resource without receiving adequate				(3)	Legal guardians; an	d
involuntary inclusion of siblings who have income and resources of their own in the filing unit. c. Families denied AFDC because the family transferred a resource without receiving adequate				(4)	spouses of the indi	vidual or the
transferred a resource without receiving adequa			b.	involu	intary inclusion of	siblings who have income
			c.	trans	ferred a resource wi	

*Agency that determines eligibility for coverage.

TN No. 91-19	Approval Date //2//	Effective Date 16/1/91
Supersedes		—— <i>—</i>
TN No. $86-9$		HCFA ID: 7983E

OMB NO.: 0938-State: IDAHO Groups Covered Agency* Citation(s) A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) XIX42 CFR 435.114 6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). _X__ Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). Not applicable with respect to intermediate care facilities; State did or does not cover this service. XIX 1902(a)(10) 7. Qualified Pregnant Women and Children. (A)(i)(III) and 1905(n) of a. A pregnant woman whose pregnancy has been the Act medically verified who --Would be eligible for an AFDC cash (1)payment (or who would be eligible if the State had an AFDC unemployed parents program) if the child had been born and was living with her; *Agency that determines eligibility for coverage. TN No. 9/-19 Approval Date Effective Date Supersedes

(BPD)

Revision: HCFA-PM-91-4

TN No. -

AUGUST 1991

ATTACHMENT 2.2-A

Page 3a

HCFA ID: 7983E

Page 4

STATE PL	AN UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT

	State:	IDAHO				
		COVERAGE	AND	CONDITIONS	OF	ELIGIBILITY
Citation(s)					Gr	oups Covered

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
 - 7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
 - (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

1902(a)(10)(A) (i)(III) and 1905(n) of the Act b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

Children born after

(specify optional earlier date) who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.

TN No. 92-2Superseded TN No. 91-19 Approval Date 5-27-92 Effective Date 1-1-92

(MB)

ATTACHMENT 2.2-A Page 4a

FEBRUARY 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	IDAHO		
	COVERAGE AND	CONDITIONS OF ELIGIBILITY	
Citation(s)		Groups Covered	

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A) (i)(IV) and 1902(1)(1)(A) and (B) of the Act

1902(a)(10)(A)

1902(1)(1)(C) of the Act

1902(a)(10)(A)(i) (VII) and 1902(1)

(1)(D) of the Act

(i)(VI)

- 8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.
 - The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

_				
TN No. 98-06	··········	1 / - 1 - 2		1.10-
Supersedes	Approval Dat	e 6/18/98	Effective Date	10/1/97
TN NO 97-1/-			•	

FEBRUARY 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT							
State:	IDA	AHO	_				
	COVERAGE	AND	CONE	DITIONS OF ELIGIBILITY			
Citation(s)			· · ·	Groups Covered			
	Α.			ry Coverage - Categorically Needy and Other d Special Groups (Continued)			
1902(a)(10) (A)(i)(V) and 1905(m) of the Act		10.	and memb AFDO had 407	ividuals other than qualified pregnant women children under item A.7. above who are bers of a family that would be receiving C under section 407 of the Act if the State not exercised the option under section (b)(2)(B)(i) of the Act to limit the number of ths for which a family may receive AFDC.			
1902(e)(5) of the Act		11.	a.	A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.			
1902(e)(6) of the Act			b.	A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in			

d n which the 60-day period (beginning on the last day of pregnancy) ends.

Revision: HCFA-PM-92 -1 FEBRUARY 1992

(MB)

ATTACHMENT 2.2-A Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	IDAH	HO.			
	COVERAGE	AND	CONDITIONS	OF	ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(e)(4) of the Act

- 12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.
- 42 CFR 435.120
- Aged, Blind and Disabled Individuals Receiving Cash Assistance
 - X a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

Aged Blind Disabled

Approval Date 5-22-92 Effective Date 1-(-9.2)Supersede

Revision:	HCFA-PM-91- AUGUST 1991	4 (BPD)	ATTACHMENT 2.2-A Page 6a OMB NO.: 0938-
	State:	IDA	
Agency*	Citation(s)		Groups Covered
	A. <u>M</u>	Mandatory Co Required Spe	overage - Categorically Needy and Other ecial Groups (Continued)
435.13		.3. <u>/</u> / b.	Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more
1619() of the			restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)
			Aged Blind Disabled
			The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in $\underline{\text{ATTACHMENT 2.6-A}}$).

*Agency that determines eligibility for coverage.

TN No. 9/ 4/9	Approval Date	1/2//92	Effective Date _	# 10/1/91
Supersedes	_	,,	_	,,
TN No. $87-4$			HCFA ID: 7983E	

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 6b

OMB NO.: 0938-

IDAHO State:

Agency* Citation(s)

Groups Covered

Mandatory Coverage - Categorically Needy and Other Α. Required Special Groups (Continued)

XIX 1902(a) (10)(A) (i)(II) and 1905 (q) of the Act

- 14. Qualified severely impaired blind and disabled individuals under age 65, who--
 - For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or
 - b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--
 - Continue to meet the criteria for blindness (1)or have the disabling physical or mental impairment under which the individual was found to be disabled;
 - (2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;
 - Have unearned income in amounts that would (3) not cause them to be ineligible for a payment under section 1611(b) of the Act;

*Agency that determines eligibility for coverage.

TN No. <u>9/-/9</u>	Approval Date	1/2//92	Effective Date	16/1/91
Supersedes				
TN No			HCFA ID: 7983E	